

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/511499

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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11						
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13						
14						
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16						
17						
18						
19						
20	1					
21		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	18	◀	◀	◀	◀	◀
TOTAL CLAIMS	21	█	█	█	█	█

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.			▼	▼	▼	▼
TOTAL DEP.		◀	◀	◀	◀	◀
TOTAL CLAIMS		█	█	█	█	█